

APPLICATION FEE

NON-REFUNDABLE

STATE OF TENNESSEE ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower 500 James Robertson Parkway, 3rd Floor Nashville, TN 37243 615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road Knoxville, TN 37917 865-594-6342 170 North Main, 11th Floor Memphis, TN 38103-1877 901-543-7284

540 McCallie Avenue, Suite 341 Chattanooga, TN 37402-2055 423-634-6434



Business Check, Money Order or Cashiers Check ONLY

ALL signature spaces MUST be signed and notarized.

APPLICATION FOR SPECIAL OCCASION LICENSE

Name of Organization:							
Busin	ness Address:	Bu	siness Tel (_)	Fax: <u>(</u>)		<u> </u>
City:	S	tateZip	Code:	Cour	nty:		
Maili	ng Address (if different from Business Addre	ess)		City	State		<u>—</u>
						Zip	
Email	l Address:	We	o-Site Addre	SS:			
I on V	Va						
I or v	Ve,(Presiden	t, Chairman, or Principal Off	icer(s) of Organ	ization)			<u> </u>
1.	For what date(s) and time(s) is the app (Note: Alcoholic beverages cannot be a.m. and 12:00 noon on Sundays. A prohibited by preceding statement.) Date(s) For what premises is the license sough (Note: Premises must be specifically political subdivision which has author beverages for consumption pursuan unincorporated portion of a county if at retail pursuant to §57-3-106 or the furnish documentation of permission	polication sought? e sold, served or consurse special occasion licens during the left: during the left: y designated to the Corized the sale of alcoholic to \$57-4-103. A special occasion licens	ned between e cannot be nours of ommission. blic beverage ecial occasion ipality in suerages for co	Premises must s at retail pursua ch county has approximation pursuant pursu	be located with ant to \$57-3-100 also be issued oproved the sale uant to \$57-4-1	ekdays or bet n 24 hours o nin the bound of or the sale of for an event e of alcoholic 103. Organiz	tween 3:00 r for times daries of a of alcoholic within the beverages
	a) Address of Premises:						<u> </u>
	City		State	Zip Code	Cor	ınty	_
	b) Description of Premises (meeting r	oom, entire building, et		_		•	
	c) Owner(s) or Lessor(s) of Premises	Name					_
		Address		City	Star	te Zip	<u> </u>
3.	Does your organization meet the requal If a charitable or non profit organization Solution (c) of the International Control of the I	nization, are you a con	rporation wh	ich has been re	cognized as exement.	empt from fe	deral taxes

AB-0038 (rev 5/13) 1 RDA 2116

	nave federal tax-exempt status, have you been in existence for 2 pur gross revenue for religious, education or charitable purposes?						
c) If a political organization, are you a political campaign coyes, provide documentation.							
d) If a political organization, are you a political party as defined documentation.	ned in T.C.A. §2-13-101? If yes, provide						
	Has this organization applied for or been granted a special occasion license within this calendar year? If yes, list dates of application or license.(Note: An organization may not be granted more than 12 such licenses within a calendar year.)						
The person or persons who will be in actual charge of the sale or serving of alcoholic beverages are:							
6. The following further restrictions apply to special occasion lices	nsees:						
Checks and money orders should be made payable to Tenne d) The application for a special occasion license must be sub	lars (\$100.00), and must be paid before a license can be issued.						
WARNING: "YOUR STATEMENT IS MADE UNDER OF INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OF ALSE STATEMENTS OR INCOMPLETE INFOR PERJURY UNDER TENNESSEE LAW" * "THE ACCEPTANCE OF FEES DOES NOT GUARANCE OF FEES DOES NOT G	CATION OR SUSPENSION OR REVOCATION OF PERMIT IF MATION ARE ALSO SUBJECT TO THE PENALTIES OF						
I, or We, the undersigned hereby certify that we have read this applie that I, or we, are authorized by the named organization to make this							
Print Name and Title	Signature						
Print Name and Title	Signature						
Print Name and Title	Signature						
Subscribed and sworn to before me thisday of	, 20						
My Commission Expires	Notary Public						
TABC Validation	Notary Seal						
	The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.						
	FOR ADDITIONAL INFORMATION: Contact the agency ADA Coordinator for this state agency: Assistant						
	Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities						

Department of Personnel. Alternate formats of this notice are available on request.